

**NH Department of Health and Human Services
Medical Request for Non-contract or Special Formula for WIC & Medicaid**

Infant/child's Name: _____ DOB: _____

Infant/child's Healthy Kids Gold [HKG]/Medicaid number if applicable: _____

Parent/Guardian's Permission: I, _____ hereby authorize _____
Print Parent or Guardian's name Heath Care Provider

to release and/or discuss medical information regarding this request for formula for my infant or child with the NH WIC Program staff. I understand that I can change my mind and cancel this permission at any time with my written request to my healthcare provider.

Parent/Guardian Signature: _____ Date: _____

Please Complete Numbers 1-5

1. Diagnosis [including ICD 9 code(s) for HKG]: _____

2. Please explain: (Give detailed justification to support the medical need for the formula requested.
For HKG this form will serve as letter of medical necessity; a prescription is also required.)

3. Name of Formula Prescribed: _____

☐ Ready-to-feed formula is required due to water quality or preparation concerns.

4. Prescribed Length of Issuance: ☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months

5. _____

Printed Name & Signature of Health Care Provider **Date** **(Area Code) Telephone Number**
(MD, DO, NP, or PA only)

Please include office stamp in this space if possible. →

The New Hampshire WIC Program provides **Nestlé Good Start Supreme DHA & ARA®** and **Nestlé Good Start Supreme Soy DHA & ARA®** as the standard contract iron-fortified milk and soy-based formula for an infant's first year. Documented trials of both **Nestlé Good Start Supreme DHA & ARA®** and **Nestlé Good Start Supreme Soy DHA & ARA®** without improvement in the health condition are required for approval of any other standard milk or soy-based formula. Exceptions to challenges of Good Start products are allowed for prematurity, allergies and documented growth issues. All requests for other standard milk and soy-based formulas require State approval. Approval for standard milk or soy-based formulas may be provided in 1 to 3 month increments, may be denied and may need updated documentation of need for continuance. Special formulas are provided through WIC or HKG. Special formulas that are provided through HKG will require a prescription, documentation of medical diagnosis with ICD9 code(s) and a complete explanation and justification (#2) to support the formula prescribed which will serve as the letter of medical necessity.

Local WIC office to complete:

- WIC: ☐ Non-contract
☐ Special formula
☐ WIC/HKG Special formula

State Office: Date received _____

- ☐ Approved, amount time _____
☐ Denied

Return to: _____

New Hampshire WIC Formulary for Infants and Children

Contract Standard Milk & Soy-based formulas	
Nestle	
Milk-based	Nestle Good Start Supreme DHA & ARA
	Nestle Good Start Supreme
Soy-based	Nestle Good Start Supreme Soy DHA & ARA
Non-Contract Standard Milk & Soy-based formulas	
Abbott Nutrition	
Milk-based	Similac Advance w/ iron
	Similac Sensitive
Soy-based	Isomil Advance w/ iron
Mead Johnson	
Milk-based	Enfamil Lipil w/ iron
	Lactofree Lipil
Soy-based	Prosobee Lipil
Special Formulas	
Abbott Nutrition	
Premature formulas	
	Neosure w/ iron
	Special Care Advance w/ iron
Protein hydrolysate/hypoallergenic	
	Alimentum w/ iron
	EleCare
Pediatric supplement	
	Pediasure w/ or w/o fiber
Other	
	Calcio XD
	Similac PM 60/40
Bright Beginnings	
Follow-up formulas-over 1 year of age	
	Bright Beginnings Pediatric Soy Drink
Mead Johnson	
Premature formulas	
	Enfamil Premature Lipil 20 w/ iron
	Enfamil Premature Lipil 24 w/ iron
	EnfaCare Lipil
Calorie or consistency altered	
	Enfamil Lipil 24 w/ iron
	Enfamil AR Lipil
Protein hydrolysate/hypoallergenic	
	Nutramigen Lipil
	Pregestimil Lipil
	Pregestimil Lipil 20 and 24
Follow-up formulas-over 1 year of age	
	Enfamil Next Step Lipil
	Enfamil Next Step Prosobee Lipil
Pediatric supplement	
	Pediasure w/ or w/o fiber
Nestle	
Follow-up formulas-over 1 year of age	
	Good Start Supreme 2 DHA & ARA
	Good Start Supreme 2 Soy DHA & ARA

Special Formulas	
Nestle Health Care Nutrition	
Semi-elemental- toddler/child age 1-10	
	Peptamen Junior
	Peptamen Junior w/ pribio
Pediatric supplement	
	Boost Kids Essentials
	Nutren Junior
	Nutren Junior w/ fiber
Nutricia NA	
Free amino acid/hypoallergenic-Infant	
	Neocate
	Neocate DHA & ARA
Free amino acid/hypoallergenic-toddler/child age 1-10	
	Neocate Junior
	Neocate One+
	EO28 Splash
Semi-elemental- toddler/child age 1-10	
	Pepdite Junior
Ketogenic-child-toddler/child age 1 and older	
	KetoCal 4:1

The standard contract milk and soy-based formulas for the NH WIC Program are Nestle Good Start Supreme DHA & ARA and Nestle Good Start Supreme Soy DHA & ARA.

Non-contract standard formula milk and soy-based formulas are provided with a medical diagnosis and failure of a trial to the Nestle milk and soy-based products. Non-contract standard formula milk and soy-based formulas require State approval, will be provided in 1 to 3 month increments, may require repeat trials to the contract formulas, and will require updated documentation to continue. Requests may be denied. Exceptions to the trial of Nestle products include: prematurity, documented allergy to soy or milk, growth failure with documentation of growth issues.

ALL formula requests, must have section 1- 5 completed on the reverse side of this document.

Special formulas may be provided through the WIC or Healthy Kids Gold [HKG] Program. For dually enrolled participants, HKG will be the primary payor. HKG special formula requests must include the following additional information: a medical diagnosis including ICD9 code(s), a separate prescription, and a specified amount of formula.

Note: This form will serve as a "letter of medical necessity". ICD9 codes are a requirement of many pharmacies to fill prescriptions, ICD9 codes are not a requirement of the HKG Program.

The formulas listed here represent the New Hampshire WIC formulary; other formulas may be available through the HKG Program.

This list is subject to change and is effective 12/08.